

## Module I Leader's Notes

### Overview and Goals

This module introduces counselors to the basics of Medicare and Medicaid and programs designed to help low-income Medicare beneficiaries pay for their health care services. The module describes these programs, known collectively as dual eligible programs:

- Qualified Medicare Beneficiary (QMB),
- Specified Low-Income Medicare Beneficiary (SLMB),
- Qualifying Individual (QI), and
- Qualified Disabled and Working Individual (QDWI).

The module includes the origins of the dual eligible programs, their purpose and goals, describes each program and its benefits and explains how Medicare and Medicaid work together. Upon completion of this module, counselors should have an understanding of the programs and also feel comfortable explaining the basics of each program. Counselors should also be able to explain how Medicare and Medicaid work together.

**Estimated Total Training Time:** 30 minutes


5 minutes for Self-Assessment

20 minutes for Lecture

5 minutes for Follow-up Assessment

### Reference

Chart I-1: Summary of Dual Eligible Programs	Page I-13
Chart I-2: Comparison of Medicare and Medicaid	Page I-18
Exercise	Page I-20
Technical Appendix	Page I-26



## Purpose of Training

State Health Insurance Assistance Programs


- Increase enrollment into the dual eligible programs
- Increase awareness of dual eligible programs among SHIP counselors
- Provide SHIP counselors and staff with resource and reference material

Module 1      Slide 1      January 2000

### Talking Points for Slide 1:

The purpose of the dual eligible training is to:


- **Increase enrollment into the dual eligible programs.** According to a recent report, only 55 percent of eligible Medicare beneficiaries are enrolled in dual eligible programs. A complicated enrollment process and stigma associated with public benefit programs have been cited as reasons for low participation. Efforts are underway to help increase participation in these programs.
- **Increase awareness of dual eligible programs among counselors.** SHIP counselors are an effective channel to educate Medicare beneficiaries on a range of health care issues. This training module is designed to assist SHIP counselors to effectively educate beneficiaries on dual eligible programs and to help increase program enrollment.
- **Provide counselors and staff with dual eligible resource and reference material.** The training manual provides comprehensive information regarding dual eligible programs. Once the training has been completed, the training manual can serve as an easy reference tool for SHIP counselors and staff.



## Overview of Medicare

State Health Insurance Assistance Programs

- Medicare Part A - Hospital Insurance
- Medicare Part B - Medical Insurance
- Medicare+Choice



Module 1

Slide 2

January 2000

### Talking Points for Slide 2:

Medicare is the nation's largest health insurance program. It has three parts:

- **Medicare Part A** provides coverage for hospitals, skilled nursing facilities, home health agencies and hospices.
- **Medicare Part B** pays for services such as physician services, out-patient hospital services, diagnostic tests and laboratory services.
- **Medicare+Choice** was created under the Balanced Budget Act (BBA) of 1997 and provides a range of health care options for beneficiaries.



State Health Insurance Assistance Programs

## Overview of Medicaid

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- State administered health care program aimed at low-income individuals, specifically children, pregnant women, aged, disabled Medicare beneficiaries and the medically needy
- Each state has an individual program but Federal law requires each state to have a minimum benefits package

Module 1


Slide 3

January 2000

### Talking Points for Slide 3:

- The Medicaid program was created in 1965. It is a state-administered program that targets certain categories of low-income individuals.
- Each state has its own rules and regulations, but federal law requires each state to have a minimum benefits package.
- QMB, SLMB, QI and QDWI are all Medicaid programs.

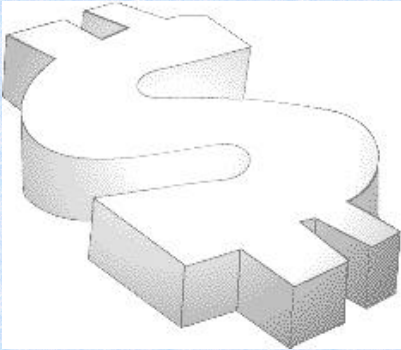




## Dual Eligible Programs

State Health Insurance Assistance Programs


Programs created by Congress to help low-income Medicare beneficiaries pay for certain health care expenses not paid by Medicare.



Module 1      Slide 4      January 2000

**Talking Points for Slide 4:**

- As health care costs have risen, it has become increasingly difficult for low-income Medicare beneficiaries to pay some of their health care expenses.
- Congress enacted several programs to help pay for health care expenses, including premiums, deductibles and coinsurance.



## Dual Eligible Programs

State Health Insurance Assistance Programs

- QMB
  - Qualified Medicare Beneficiary
- SLMB
  - Specified Low-Income Medicare Beneficiary
- QI
  - Qualifying Individual
- QDWI
  - Qualified Disabled and Working Individual

Module 1 Slide 5 January 2000

### Talking Points for Slide 5:

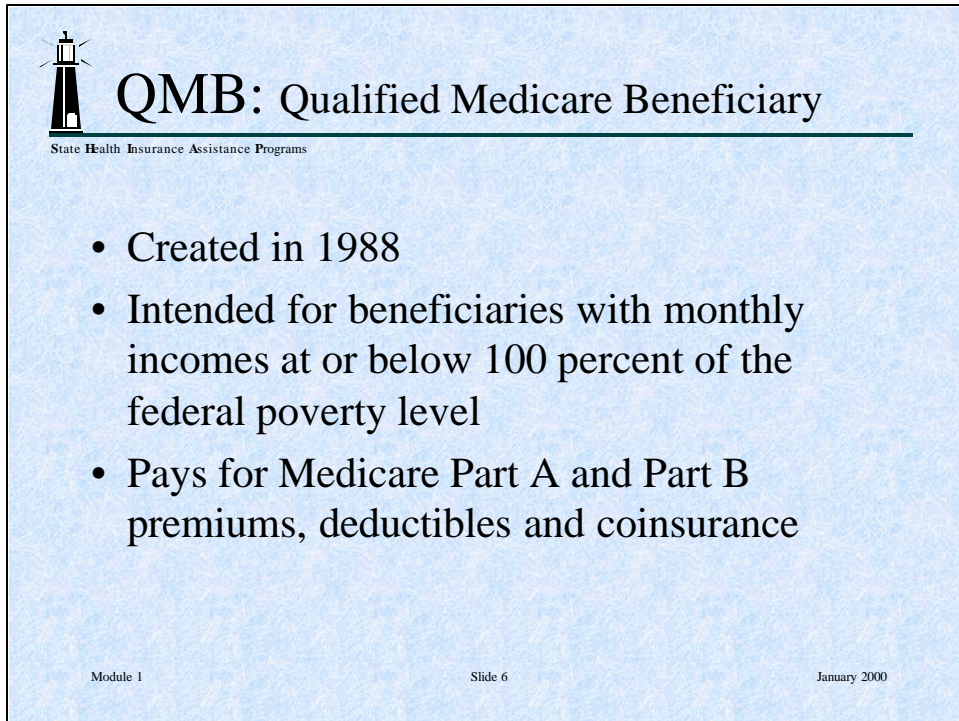
The focus of the training session will be the following programs:


- QMB
- SLMB
- QI
- QDWI

These programs may be known by different local terms. They are called dual eligible programs because beneficiaries are enrolled in both Medicare and Medicaid.

They may also be called “Buy-In Programs,” as state Medicaid programs were required to “buy-in” to Medicare for low-income beneficiaries by paying for Medicare premiums, deductibles and coinsurance.

Describe each program and program benefits, emphasizing the following points:



 **QMB: Qualified Medicare Beneficiary**  
State Health Insurance Assistance Programs


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- Created in 1988
- Intended for beneficiaries with monthly incomes at or below 100 percent of the federal poverty level
- Pays for Medicare Part A and Part B premiums, deductibles and coinsurance

Module 1      Slide 6      January 2000

**Talking Points for Slide 6:**

- The QMB or Qualified Medicare Beneficiary program was created in 1988 under the Medicare Catastrophic Coverage Act.
- Potential beneficiaries may qualify for the program if their income is at or below 100 percent of the federal poverty level.
- The QMB program pays for Medicare Part A and Medicare Part B premiums, deductibles and coinsurance of eligible beneficiaries.
- QMB Plus beneficiaries are also eligible for full Medicaid benefits in addition to the benefits received under the QMB program.



**SLMB:** Specified Low-Income Medicare Beneficiary

State Health Insurance Assistance Programs

- Created in 1989
- Intended for beneficiaries with monthly incomes greater than 100 percent, but less than 120 percent of the federal poverty level
- Pays for Medicare Part B premiums

Module 1                      Slide 7                      January 2000

**Talking Points for Slide 7:**

- The SLMB or Specified Low-Income Medicare Beneficiary program was created under the Omnibus Reconciliation Act (OBRA) of 1989.
- Potential dual eligible beneficiaries have slightly higher monthly incomes than those eligible for the QMB program. Monthly incomes must be greater than 100 percent, but less than 120 percent of the federal poverty level.
- The SLMB program only pays for Medicare Part B premiums for eligible beneficiaries.
- SLMB Plus beneficiaries are also eligible for full Medicaid benefits in addition to the benefits received under the SLMB program.



## QI: Qualifying Individual

State Health Insurance Assistance Programs

- Created in 1997
- QI-1: for beneficiaries with monthly incomes at least 120 percent, but less than 135 percent of the federal poverty level
- QI-2: for beneficiaries with monthly incomes at least 135 percent, but less than 175 percent of the federal poverty level
- Pays for all or part of Medicare Part B premiums

Module 1

Slide 8

January 2000

### Talking Points for Slide 8:

- The QI or Qualifying Individual program was authorized under the BBA of 1997. This program is intended for beneficiaries who would otherwise be ineligible for Medicaid.
- QI-1 and QI-2 programs receive funding from block grants. They focus on two different groups of beneficiaries: QI-1 targets beneficiaries with incomes at least 120 percent, but less than 135 percent of the federal poverty level. QI-2 targets beneficiaries with incomes at least 135 percent, but less than 175 percent of the federal poverty level.
- The QI-1 pays for the Medicare Part B premium while the QI-2 program pays only a portion of the Medicare Part B premium.



## QI: Qualifying Individual

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- QI programs are not guaranteed
- Eligible beneficiaries receive assistance on a first-come, first-serve basis
- Programs are authorized for five years

Module 1


Slide 9

January 2000

### Talking Points for Slide 9:


- The QI program benefits are not guaranteed; it is available on a first-come, first-serve basis.
- QI programs are been authorized to operate through a five-year block grant (from 1998 to 2002).





## QDWI: Qualified Disabled and Working Individual

State Health Insurance Assistance Programs



- Created in 1989
- Intended for disabled individuals with monthly incomes below 200 percent of the federal poverty level who have lost Medicare Part A benefits because of their earnings
- Pays for all or part of the Medicare Part A premium

Module 1


Slide 10

January 2000

### Talking Points for Slide 10:

- The QDWI or Qualified Disabled and Working Individual program was authorized under the Omnibus Reconciliation Act (OBRA) of 1989.
- This program is intended for working individuals with disabilities who become ineligible for Medicare Part A due to their earnings.
- The QDWI program pays for all or part of the Medicare Part A premium.



 <b>Summary and Comparison of Dual Eligible Programs</b> <hr/> <small>State Health Insurance Assistance Programs</small>		
	<b>Income Level</b>	<b>Benefit</b>
<b>QMB</b>	Monthly income is at or below 100 percent of the federal poverty level	Covers Medicare Part A and Medicare Part B premiums, deductibles and coinsurance
<b>SLMB</b>	Monthly income is greater than 100 percent but less than 120 percent of the federal poverty level	Covers Medicare Part B premiums
<b>QI-1</b>	Monthly income is at least 120 percent but less than 135 percent of the federal poverty level	Covers Medicare Part B premiums
<b>QI-2</b>	Monthly incomes is at least 135 percent but less than 175 percent of the federal poverty level	Covers a portion of Medicare Part B premiums
<b>QDWI</b>	Monthly incomes is below 200 percent of the federal poverty level and individual has lost Medicare Part A benefits due to earnings	Covers Medicare Part A premium


Module 1 Slide 11 January 2000

**Talking Points for Slide 11:**

- This table summarizes and compares the dual eligible programs. (It can also be found on page I-13 of the Participant Manual.)
- These programs were created to help low-income Medicare beneficiaries with Medicare's cost-sharing requirements, namely premiums, deductibles and coinsurance.
- As presented in the table, these programs have varying eligibility criteria and program benefits.

<b>KEY POINTS ON HOW MEDICARE and MEDICAID WORK TOGETHER</b>
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- Leaders may want to ask participants what are the key differences and similarities between the Medicare and Medicaid programs. (Use chart on page I-18 in the Participant Manual and the following three slides as reference.)
- Discuss and give example of how there can be gaps in Medicare coverage, which **Medicaid** can help fill. Possible examples include Medicare Part A deductibles and coinsurance, cost of days in hospital after Medicare coverage runs out, annual Part B deductible, or a portion of Medicare's approved amount for physician's services.
- Emphasize that **Medicaid** protects lower-income **Medicare** beneficiaries from the consequences of high out-of-pocket health costs.



## Medicare versus Medicaid

State Health Insurance Assistance Programs

MEDICARE	MEDICAID
<ul style="list-style-type: none"><li>• Health insurance for individuals aged 65 or older of any income level</li><li>• Eligibility: based on Social Security and age or disability</li></ul>	<ul style="list-style-type: none"><li>• Assistance for certain categories of individuals with low-incomes</li><li>• Eligibility: generally based on financial need</li></ul>

Module 1


Slide 12

January 2000

### Talking Points for Slide 12:

The following slides highlight the key differences between Medicare and Medicaid:

- Medicare provides health insurance to individual aged 65 or older, while Medicaid provides assistance to low-income individuals regardless of age.
- Eligibility for Medicare is based on age, disability or Social Security eligibility status. For Medicaid, however, eligibility is based on financial need, or in some cases, individuals are eligible due to high medical bills.



## Medicare versus Medicaid

State Health Insurance Assistance Programs

MEDICARE	MEDICAID
<ul style="list-style-type: none"><li>• Federal administration and funding</li><li>• Medicare Program is uniform in all states</li><li>• Participants pay premiums, coinsurance and deductibles (differs for those in Medicare HMOs)</li></ul>	<ul style="list-style-type: none"><li>• Federal-state funding but state-administered</li><li>• Medicaid Programs vary by state</li><li>• Payment to providers is considered payment in full</li></ul>


Module 1

Slide 13

January 2000

### Talking Points for Slide 13:

- The Medicare program is administered by the Health Care Financing Administration (HCFA) and funding comes from federal sources.
- The Medicare program is uniform across the 50 states. In contrast, the Medicaid program receives funding from both federal and state sources. While Medicaid programs vary from state to state, federal law requires that each state provide a minimum benefits package.
- Beneficiaries generally pay for Medicare premiums, deductibles and coinsurance; Medicaid's payment to providers is generally considered payment in full.



## Medicare versus Medicaid

State Health Insurance Assistance Programs

MEDICARE	MEDICAID
<ul style="list-style-type: none"><li>• Benefits are limited: hospital and physician services, and limited preventive and long-term care. Dental, routine physicals, transportation and prescriptions are not covered</li></ul>	<ul style="list-style-type: none"><li>• Benefits are more comprehensive: hospital and physician services, long-term care, dental, prescriptions and transportation</li></ul>

Module 1

Slide 14

January 2000

### Talking Points for Slide 14:

- An important difference between Medicare and Medicaid is the types of covered benefits.
- Medicaid benefits are more comprehensive and include benefits such as long-term care, prescription drugs and transportation.
- Medicare has limited benefits. While hospital and physician services are covered, Medicare does not provide prescription drug coverage or transportation.

## **Summary**

- Briefly summarize and review each section and its most important points.

## **Exercise**

- Participants should complete the exercise given in the manual. This exercise is intended to familiarize participants with main characteristics of the dual eligible programs. After participants have finished, review each question and answer any questions they might have.

## **Follow-up Assessment**

- Encourage participants to complete the follow-up assessment, which will be reviewed at the conclusion of the training session.

## Module II Leader's Notes

### Overview and Goals

This module introduces counselors to eligibility criteria for the QMB, SLMB, QI and QDWI programs. Upon completion of this module, counselors should have a thorough understanding of the importance of income and other financial resources in determining eligibility criteria. Participants should also be able to respond to general questions from beneficiaries about each program and use screening tools to determine eligibility.

**Estimated Total Training Time:** 30 minutes

5 minutes for Self-Assessment

20 minutes for Lecture

5 minutes for Follow-up Assessment

### Reference


Table II-1. 1999 Monthly Income Limits	Page II-5
Table II-2. 1999 Monthly Income Limits for Alaska	Page II-6
Table II-3. 1999 Monthly Income Limits for Hawaii	Page II-6
Financial Resource Checklist	Page II-13
Insert Appropriate Name of State Social Service Agency	Page II-17
HCFA Screening Tool	Page II-22
SHIP Screening Tool	Page II-26
Role Play	Page II-27
Exercises	Page II-33



## **General Introduction**

Provide an overview of the steps in determining eligibility:

- Step 1:** Determine if a potential dual eligible beneficiary is enrolled in or eligible for Medicare Part A.
- Step 2:** Check if a potential dual eligible beneficiary's monthly income is within the prescribed limits.
- Step 3:** Determine if an individual's financial resources or assets are within the prescribed limits.
- Step 4:** (Optional) Contact your local medical assistance office, if counselors need additional information.



## Eligibility Criteria

State Health Insurance Assistance Programs

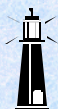
### Steps in Determining Eligibility

- Step 1: Determine if the potentially eligible beneficiary is currently enrolled or is eligible for Medicare Part A (Hospital Insurance)

Module 2      Slide 1      January 2000

**Talking Points for Slide 1:**

- The initial step in determining eligibility of a potential dual eligible beneficiary is to document if the individual is currently enrolled or is eligible for hospital insurance provided by Medicare Part A.



State Health Insurance Assistance Programs

## Eligibility Criteria

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- Step 2: Check if the individual's monthly income is within the prescribed limits:

Monthly Income Limits		Program Name
Individuals	Couples	
\$716	\$958	QMB
\$855	\$1,145	SLMB
\$960	\$1,286	QI-1
\$1,238	\$1,661	QI-2
\$1,412	\$1,895	QDWI

Module 2

Slide 2


March 2000

### Talking Points for Slide 2:

- Review income eligibility limits for QMB, SLMB, QI and QDWI. Alaska and Hawaii have slightly higher income limits.
- Income includes funds received on a monthly basis from Social Security, wages, pensions or veteran's benefits.
- Note that these figures include the \$20 monthly income disregard.
- (If applicable) Emphasize that your particular state's income levels may be less restrictive.

### Reminder:


When counselors are screening potential dual eligible beneficiaries, they are only estimating an individual's income level and not determining if that individual's income meets eligibility criteria for a program.



# Income

State Health Insurance Assistance Programs

- Countable Income
  - Wages
  - Social Security
  - Pensions
  - Veteran's benefits
- Income Exclusions
  - First \$20 of any monthly income
  - First \$65 of monthly earned income and one-half of remaining
  - Value of food stamp benefit
  - Income tax refunds
  - State variations



Module 2

Slide 3


January 2000

### Talking Points for Slide 3:

- Provide examples of items that are counted as income (i.e., wages or pensions) and items that are excluded when determining income (i.e., first \$20 of monthly income).
- Discuss difference between gross and net income. When determining monthly income limits with a potential dual eligible beneficiary, counselors should estimate an individual's **gross** income, that is, all possible sources of income. Potential eligibles tend to provide their **net** income.

**Gross income** means all income derived from whatever source, including funds from Social Security, wages or pensions. It is the income before deductions, such as Medicare Part B premiums or taxes, are taken out.

**Net income** means income received by the beneficiary after deductions, such as Medicare Part B premiums or taxes, have been taken out.



## Eligibility Criteria


State Health Insurance Assistance Programs

- Step 3: Determine an individual's financial resources or assets
  - Resources must be below \$4,000 for an individual or \$6,000 for a couple to qualify

Module 2 Slide 4 January 2000

**Talking Points for Slide 4:**

- For QMB, SLMB, QI and QDWI programs, the resource limits are the same: **\$4,000** for individuals and **\$6,000** for couples.
- Stress that “resource” is another word for “asset”.



## Resources

State Health Insurance Assistance Programs

- **Countable Resources**
  - Cash
  - Checking or savings accounts
  - Stocks, bonds, CDs, and annuities
  - Real estate and personal property
  - Trusts
- **Resource Exclusions**
  - Value of home a person lives in
  - One automobile
  - Household goods
  - Burial funds (up to \$1,500)
  - Value of life insurance (up to \$1,500)

Module 2 Slide 5 January 2000

**Talking Points for Slide 5:**

- Provide examples of items that are counted as financial resources and items that are excluded from determining financial resource eligibility.
- Discuss the financial resource list and give participants the items required to estimate an individual's financial status in their respective state.
- Allow participants to check or mark eligibility criteria where applicable in the module.



State Health Insurance Assistance Programs

## Eligibility Criteria: Further Help

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- Step 4 (Optional): Provide individual with sources of additional information
  - Local medical assistance and social security offices
  - SHIP (if available)
  - Area Agencies on Aging
  - Others [to be identified by SHIP]

Module 2


Slide 6

January 2000

### Talking Points for Slide 6:

- Inform participants of additional sources of information, if necessary.





## QMB Effective Date of Coverage

State Health Insurance Assistance Programs

- QMB benefits become effective at the beginning of the first calendar month after application approval
- QMB program benefits are not retroactive

January	February	March	April	May	June
Month of Application		Month of Decision	Month of benefit coverage		

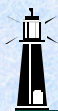
Module 2

Slide 7

January 2000

**Talking Points for Slide 7:**

- Explain effective date of coverage for QMB, SLMB and QI.
- Benefits from QMB begin at the beginning of the first calendar month after the individual's QMB application is approved.
- Review example of effective date of coverage, assuming that the application for QMB benefits was submitted in January, for example.
- Emphasize that QMB benefits are not retroactive, while SLMB and QI benefits are retroactive for up to three months.



## Effective Date of Coverage

State Health Insurance Assistance Programs

### SLMB and QI

- Benefits are retroactive for up to three months

July	August	September	October	November	December
Earliest Month of Coverage			Month of Approval		

Module 2

Slide 8

January 2000

### Talking Points for Slide 8:

- Both SLMB and QI benefits are retroactive for up to a maximum of three months.
- Review example of effective date of coverage for an SLMB beneficiary.

## **Role Play**

A role play is provided in Module 2. This role play is intended to familiarize participants with using screening tools. We have included a scripted role play between a counselor and a potential dual eligible beneficiary. You may want to use the scripted role play if participants feel uncomfortable or uneasy with conducting role plays.

For those participants who are more comfortable with unscripted role plays, give some overall guidance to the two participants. The participant playing the role of the counselor should gather the following information from the client:

- Enrollment in Medicare Part A and Medicare Part B,
- Other health insurance benefits other than Medicare,
- Marital status,
- Income level, and
- Financial resources.

The participant playing the potential applicant should act as if he/she knows little about these public benefit programs and is wary about divulging personal and financial information.

## **Exercises**

- Participants should complete exercises given in the Participant Manual. These exercises are intended to help you determine whether the following callers may be eligible for QMB, SLMB, QI or QDWI programs.
- After participants have finished, review each question and answer any questions they might have.

## **Summary**

- Briefly summarize and review each section and its most important points.

## **Follow-up Assessment**

- Encourage participants to complete the follow-up assessment, which will be reviewed at the conclusion of the training session.

## Module III Leader's Notes

### Overview and Goals

The module outlines the enrollment process for the dual eligible programs. After completing this module, counselors will be able to guide an applicant through the enrollment process for QMB, SLMB, QI and QDWI programs. They will also be able to suggest required documents needed for the enrollment application.

**Estimated Total Training Time:** 30 minutes

5 minutes for Self-Assessment

20 minutes for Lecture

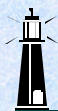
5 minutes for Follow-up Assessment

### Reference

Refer to the pages below for state-specific material you should supply to counselors:

#### State-Specific Inserts:

Name of Appropriate State Agency	Page III-5
Table of Possible Application Sites	Page III-7
Table of Ways to Submit Application	Page III-8
Specific Policy for Homebound Beneficiaries	Page III-10
Checklist of Required Documents	Page III-12 to III-16
Specific Policy on Appeals Process	Page III-17
Technical Appendix	Page III-22
Model Application	Page III-25
State-Specific Application	Page III-31



State Health Insurance Assistance Programs

## Applying for Dual Eligible Programs

- Where to obtain an application
- Where to complete an application
- How to submit applications
- Collect documents need to verify information

Module 3


Slide 1

January 2000

### Talking Points for Slide 1:

The dual eligible enrollment process can be divided into the following:

- Where to obtain and/or complete an application,
- How to submit completed applications, and
- Collection of documents needed to verify information in the application.

 <b>Locations Where Applications Obtained/Completed</b>		
State Health Insurance Assistance Programs		
	Applications May Be Obtained	Applications May Be Completed
Local Social Service Agency		
Hospitals / Health Clinics or Centers		
Senior Centers		
Other Govt. Offices		
SHIPs		
Other _____		

Module 3

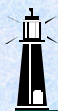
Slide 2

January 2000

## Talking Points for Slide 2:

### Where to Obtain and/or Complete an Application

- Applications may be obtained or completed in various locations other than the social services (or other) agency office. This slide presents some examples of these locations. For a more extensive list of possible locations, refer to pg. III-7 in the Participant Manual.



State Health Insurance Assistance Programs

## Applying for Dual Eligible Programs

- Some states have alternative enrollment sites (i.e., hospitals or senior centers) other than the local social services agency
- In some enrollment sites, volunteers may help potential dual eligible beneficiaries complete applications or eligibility workers may make eligibility determinations

Module 3


Slide 3

January 2000

### Talking Points for Slide 3:

- Mention that states are beginning to allow applications to be completed in non-traditional sites, such as hospitals or nursing homes. Allowing alternative application sites may encourage potential dual eligible beneficiaries to enroll, by lessening the perceived stigma associated with visiting social services agency offices, or allowing geographically isolated individuals to reach different sites to apply for programs.
- Training leaders should help participants identify if your state allows applications to be obtained or completed in alternative locations.




 <h2>Ways to Submit Applications</h2> <p>State Health Insurance Assistance Programs</p>			
Method	Yes	No	Comments
In-Person			
By Mail			
By Telephone with Mail Follow-Up			
Electronic Submission from Remote Site			

Module 3 Slide 4 January 2000

### Talking Points for Slide 4:

#### How to Submit Applications

- Some states require eligibles to apply in-person at local social services agency.
- Other states may allow applications:
  - By mail,
  - By telephone with mail follow-up,
  - By fax, and/or
  - Electronic submission from remote location.
- Training leaders should review the various methods in which your state accepts applications to dual eligible programs.



## Examples of Required Documents

State Health Insurance Assistance Programs

- Recent bank statements
- Property deeds
- Insurance policies
- Financial statements from any stocks and bonds
- Proof of identity, residence and income

Module 3      Slide 5      January 2000

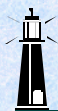
### Talking Points for Slide 5:

#### Collect Documents Needed to Verify Information

- Reiterate that documents required vary from state to state.
- Remind potential beneficiaries not to wait to apply for benefits because some relevant documents are lacking.
- Stress that once all documents are collected, the process to determine eligibility should last no longer than 45 days.

#### Checklist of Required Documents

- Summarize list of required documents for enrollment application.
- Explain each type of required document.



## Appeals Process

State Health Insurance Assistance Programs

- Applicant must file a written appeal, within 30 days of the denial
- Appeal period generally does not exceed 90 days
- If the appeal is successful, the applicant will be eligible for program benefits retroactive to the date the mistake was made

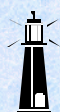
Module 3

Slide 6

January 2000

### Talking Points for Slide 6:

- Stress that if an applicant denied coverage, he/she may file an appeal.
- The appeal must be filed in the same location where the application was submitted and within 30 days of the denial.
- The appeal period generally does not exceed 90 days.
- If the appeal is successful, the applicant will be eligible for program benefits retroactive to the date the mistake was made.



## QI Application

State Health Insurance Assistance Programs

- Individual must submit a new application every year for these benefits
- Important to apply for QI benefits as early in the calendar year as possible because funds are limited
- Priority for the following year will be given to those who received benefits during the previous year

Module 3

Slide 7

January 2000

### Talking Points for Slide 7:

- Stress that individuals must submit a new application every year to receive these benefits.
- Emphasize that applicants should apply for QI benefits early in the calendar year because funds are limited and applications are approved on a first-come, first-serve basis.
- Priority is given to recipients who received QI benefits during the previous year.

## **Summary**

- Briefly summarize and review each section and its most important points.

## **Follow-up Assessment**

- Encourage participants to complete the follow-up assessment, which will be reviewed at the conclusion of the training session.

## Module IV Leader's Notes

### Overview and Goals

This module acquaints counselors with various other benefit programs for low-income elderly and persons with disabilities. It also provides information for coordinating enrollment in benefit programs with local Medicaid offices and providing information on how to work with other health plans to enroll dual eligibles. The goal of this module is to provide counselors with examples of programs that exist for low-income individuals and increase the counselor's knowledge and confidence in identifying persons who are eligible for other programs.

**Estimated Total Training Time:** 20 minutes

5 minutes for Self-Assessment

10 minutes for Lecture

5 minutes for Follow-up Assessment

### Reference

#### State-Specific Information

Information on state-specific programs will vary nationally. A brief bullet is covered in this section on state programs. Under this section please discuss any assistance programs available in your state. Also make sure that page IV-5 of the Participants Manual includes information on low-income assistance programs for your state.

Exercises Page IV-30

Technical Appendix Page IV-36



## Coordination with Other Programs

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Numerous benefit programs are available to the low-income elderly. This module will give counselors increased knowledge and confidence in identifying beneficiaries who may be eligible for other programs.

Module 4

Slide 1

January 2000

### **Talking Points Slide 1:**

- Emphasize the availability of a large number of assistance programs for the low-income population. These programs cover a broad range of services.



State Health Insurance Assistance Programs

## State and Local Programs

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- Funding under Title III of Older Americans Act provides each State with money for programs aimed at persons aged 60 and over
- Each State has its own unique programs
- Check with your State Department on Aging, or the Area Agency on Aging for more information

Module 4


Slide 2

January 2000

### **Talking Points Slide 2:**

- Emphasize that states have individual, state-specific programs.
- For your state, discuss any programs that would benefit the low-income elderly individuals and persons with disabilities.
- Resources in each state include the State Department on Aging or the Area Agency on Aging.






## Health-Related Assistance

State Health Insurance Assistance Programs

- Prescription Drug Programs
- HEAR NOW
- Free Eye Exams
- Donated Dental Services
- Free Hospital Services
- Indian Health Services (IHS)
- Federally Qualified Health Centers (FQHC)



Module 4 Slide 3 January 2000


### Talking Points Slide 3:

#### Health-Related Assistance

The slide presents some examples of health-related assistance programs. Module 4 of the Participants Manual highlights the benefits of the programs and provides contact information in order to obtain more information. The following provides a short description of health-related assistance programs.

- **Prescription Drug Programs.** Pharmaceutical companies provide free prescription medication to physicians. Patients must request certification from their physicians. States may also have their own pharmaceutical assistance programs.
- **HEAR NOW.** A program that provides new and used hearing aids to financially needy clients.
- **Free Eye Exams.** The American Academy of Ophthalmologists provides free eye exams for disadvantaged seniors.


- **Donated Dental Services.** This program provides dental services at reduced or no cost to persons with disabilities, elderly and chronically ill individuals. There are no strict eligibility requirements for this program, but an individual cannot have dental insurance.
- **Free Hospital Services.** Some hospitals and nursing homes are required to provide free care. Eligibility is based on an individual's family size and income.
- **Indian Health Services (IHS).** Healthcare under this service is specifically for American Indians and Alaskan Natives.
- **Federally Qualified Health Centers (FQHC).** These primary health care centers provide health services to the under-served throughout the country.



## Nutrition and Food Assistance

State Health Insurance Assistance Programs

- Food Stamps
- Nutrition Program for the Elderly (NPE)




Module 4      Slide 4      January 2000

### **Talking Points Slide 4:**

#### Nutrition and Food Assistance

- Food Stamps are income and expense driven, i.e., the more income an individual receives, the less food stamps or vouchers they are likely to obtain.
- Nutrition Program for the Elderly (NPE). This program helps provide meals to elderly people through several methods, including Meals-on-Wheels and meals in congregate sites.



### Energy and Housing Assistance

State Health Insurance Assistance Programs


- Low-Income Home Energy Assistance Program (LIHEAP)
- Government-Assisted Housing

Module 4      Slide 5      January 2000

### Talking Points Slide 5:

#### Energy Assistance

- Low-Income Home Energy Assistance Program (LIHEAP) assists with heating and cooling expenses for **residential** energy needs. The term “weatherization” tends to confuse people, so explain how this means adding features to a residence that will enable it to be hotter or cooler in the respective seasons. If any energy emergencies do occur, LIHEAP can also help with these costs. The list of contacts in the Resource section is extensive, both for states and Indian tribes. These contacts will best be able to review the specific eligibility requirements for that region.
- Government-Assisted Housing. The three housing programs are all aimed at low-income individuals, however the third is geared specifically toward the elderly. Many housing authorities have long waiting lists for housing, so you should emphasize that just because an individual applies and is eligible, it does not mean he/she will automatically receive housing. Individuals should contact their local housing authority for applications and eligibility requirements.



## Supplemental Income

State Health Insurance Assistance Programs

- Earned Income Tax Credit
- Supplemental Security Income (SSI)
- Veteran's Benefits

Module 4      Slide 6      January 2000

### Talking Points Slide 6:

#### Supplemental Income

- **Earned Income Tax Credit.** Emphasize that the eligibility for this program has strict age requirements. However, there may be cases when a spouse is under the age of 64. If so, and the couple has filed taxes jointly then they may be eligible for benefits.
- **Supplemental Security Income (SSI).** The eligibility for this program is discussed in the participant's manual. Stress that the maximum monthly benefit for an individual is \$500 and \$751 for a couple.
- Veteran's benefits and Medicare benefits do not complement each other, so individuals must pick one or the other. However, there are instances where Medicare can cover costs that the Veteran's Administration (VA) does not, or when VA benefits reach a certain limit or run out. The best way to determine these benefits is to ask your personal insurance carrier who pays the Medicare Claims.

## **Other Programs**

- Note the Eldercare and National Transit Hotline 1-800 numbers.
- Discuss the software available to SHIP counselors that can be useful in screening individuals for low-income assistance programs.
- The programs in this module deal mostly with national programs. Explain to participants that it is important to be knowledgeable about state-specific programs that might be available.



State Health Insurance Assistance Programs

## Recognizing Potential Eligibility

- Closely examine individual's background and needs
- **Listen carefully**
- Always keep in mind that dual eligibles may have limited income which makes them likely candidates for other forms of assistance

Module 4

Slide 7

January 2000

### Talking Points Slide 7:


- Stress importance of establishing a friendly rapport with potential dual eligibles.
- Pay attention to details they mention about their daily lives.
- Emphasize need for counselors to listen carefully and be attentive **but** how they must also be tactful and avoid trying to “pry” into an enrollee’s life.
- Discuss the example given in the manual and see if participants have questions.
- Keep in mind that potential beneficiaries have a limited income. This fact makes them likely candidates for other forms of assistance.

### Issues In Coordinating with Low-Income Programs

- Participants will probably have questions about how programs overlap and whether there are any consequences for enrolling in multiple programs. The eligibility guidelines are given in broad terms in the manual. More information is available by calling the specific program.
- Emphasize that counselors do not have to be benefits experts, they do not have to know who is eligible for what programs under what guidelines. This part of the manual strictly serves to educate people about other forms of assistance that they may **suggest** to beneficiaries.
- Never promise that someone is definitely eligible. Simply say that they may be eligible.
- Discuss the example of overlapping benefits and answer questions participants might have.



## Coordination with Other Health Plans



**Dual Eligible Programs and Managed Care**

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State Health Insurance Assistance Programs

- Medicare beneficiaries enrolled in fee-for-service
  - Beneficiaries may be able or required to enroll for dual eligible benefits
  - The value of the benefit does not change
  - Eligibles must choose health plan or they may be enrolled automatically

Module 4      Slide 8      January 2000

### Talking Points Slide 8:

- Enrollment of dual eligibles in managed care introduces complexity.
- For beneficiaries who are enrolled in Medicare's traditional fee-for-service plan, the value of the benefit does not change.



## Dual Eligible Programs and Managed Care

State Health Insurance Assistance Programs

- Medicare beneficiaries enrolled in Medicare managed care
  - Beneficiaries may be able or required to enroll for dual eligible benefits
  - The value of the benefit changes
  - Eligibles must choose health plan or they may be enrolled automatically

Module 4

Slide 9

January 2000

### Talking Points Slide 9:

- For beneficiaries enrolled in Medicare managed care, the value of the benefit changes. Medicare Part B premiums are paid by Medicaid; however, managed care participants generally have lower cost-sharing requirements and, consequently, less is paid by Medicaid.



## QMB and Medicare Supplemental Insurance

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State Health Insurance Assistance Programs

- For QMB beneficiaries, the cost of supplemental coverage generally exceeds the value of the benefits they would receive
- Supplemental coverage may be suspended for up to 24 months, or 2 years
- Supplemental coverage is reinstated if individual becomes ineligible for QMB

Module 4

Slide 10

January 2000

### Talking Points Slide 10:

#### Medicare Supplemental Insurance and QMB

- Stress to counselors that individuals who qualify for QMB may not need Medicare supplemental insurance or "Medigap" coverage.
- Beneficiaries who receive QMB benefits may choose to suspend their supplemental insurance coverage for up to two years.



## SLMB, QI and Supplemental Coverage

State Health Insurance Assistance Programs

- Those with SLMB and QI benefits should consider purchasing supplemental coverage, if they are able to afford the premiums
- SLMB and QI only pays for Medicare Part B premium
- Additional coverage may be needed to cover Medicare Part A and Part B deductibles and coinsurance

Module 4

Slide 11

January 2000

### Talking Points Slide 11:

- Stress that individuals participating in the SLMB and QI programs should purchase Medicare supplemental insurance, if they can afford to do so.
- Review health insurance options for beneficiaries such as managed care alternatives.

## **Exercises**

- Encourage the class to complete the exercises on their own, since most counseling sessions will be one-on-one. Once participants are finished, discuss each scenario and the suggested course of action. Encourage participation by soliciting participant comments on each case.

## **Follow-up Assessment**

- Encourage participants to complete the follow-up assessment, which will be reviewed at the conclusion of the training session.

## Module V Leader's Notes

### Overview and Goals

This module provides a summary of the barriers to awareness and enrollment that potential dual eligible beneficiaries face. The goal of the module is to develop awareness of enrollment barriers and suggest ways to help to overcome those barriers.

**Estimated Total Training Time:** 20 minutes

5 minutes for Self-Assessment


10 minutes for Lecture

5 minutes for Follow-up Assessment

### References

Exercises Page V-17

Technical Appendix Page V-20



## Barriers to Awareness and Enrollment

State Health Insurance Assistance Programs


There are numerous reasons why individuals do not apply for QMB, SLMB, QI and QDWI:

- Structural barriers
- Beneficiary perceptions
- Social and demographic barriers

Module 5      Slide 1      January 2000

### **Talking Points for Slide 1:**

- Counselors should understand that there are numerous reasons why individuals do not apply for assistance. These include a variety of structural, social and demographic barriers, prevailing stigma against government programs and beneficiary concern with being associated with such programs.
- During this module it is important that you, as the trainer, emphasize why individuals do not enroll in dual eligible programs. Some of the reasons might not be apparent to the participants so start by breaking down the reasons into three general categories: 1) structural barriers; 2) beneficiary perceptions, and 3) social and demographic barriers.



## Structural Barriers

State Health Insurance Assistance Programs


- Lack of knowledge about the program
- Lack of information on eligibility criteria
- Burdensome application process

Module 5 Slide 2 January 2000

**Talking Points for Slide 2:**

- Lack of knowledge: explain that people simply do not know about the available programs; it is not always a reflection of unwillingness to apply.
- Lack of information: explain how potential dual eligible beneficiaries are often confused about the income and financial resource criteria.
- Burdensome application process: inform counselors that the application for assistance can be tedious and lengthy.





## Beneficiary Perceptions

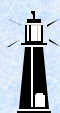
State Health Insurance Assistance Programs

- Welfare stigma
- Personal perceptions (i.e., hesitant to divulge financial status or do not perceive themselves as needy)
- Fear of losing what they have
- Mistrust of Government Agencies
- Rejection of past application

Module 5 Slide 3 January 2000

### **Talking Points for Slide 3:**

- Welfare stigma: Many people associate participation in these programs with welfare.
- Personal perceptions: Explain to the counselors that many people are hesitant to divulge their financial status or means of income because they do not perceive themselves as needy.
- Benefits are too low for the effort involved in applying and enrolling.
- Fear of losing “what they have”: counselors should be aware that potential applicants are often wary that one set of benefits will be taken away, if an alternate set of benefits is given.
- Distrust of government: explain that this is especially true of non-English speaking and minority populations.
- Rejection of past application: Counselors should be attuned to the fact that people are fearful of being rejected once again and therefore might not try to re-apply.



## **Social and Demographic Barriers**

State Health Insurance Assistance Programs

- Access issues (i.e., lack of transportation or geographical isolation)
- Communication issues (i.e., language or literacy barriers)
- Comprehension problems due to dementia or infirmity


Module 5

Slide 4

January 2000

### **Talking Points for Slide 4:**

- Access problems: explain that potential enrollees may not have the means to apply in person due to location or disability.
- Communication issues: emphasize that language or literacy barriers may stop individuals from enrolling.
- Comprehension problems may be due to dementia.



## Ways to Overcome Barriers

State Health Insurance Assistance Programs

- When screening for other benefit programs, simultaneously screen for QMB, SLMB, QI and QDWI programs
- Request referrals from the local Social Security office or your Area Agency on Aging
- Network with individuals in trusted community organizations


Module 5      Slide 5      January 2000

### **Talking Points for Slide 5:**

Explain to participants that there are steps in overcoming enrollment barriers. An important point to stress here is that there are no strict guidelines for identifying potential dual eligible beneficiaries.

The following methods of identifying eligibles should be discussed:

- Emphasize screening for programs simultaneously,
- Inform counselors that they can request referrals from SSA and AAA,
- Network with individuals in trusted organizations.



## Raising Awareness and Increasing Motivation

State Health Insurance Assistance Programs

- Do not refer to people using the program name
- Make explanations of benefits simple and tangible
- Connect benefits to the receipt of other benefits
- Provide written materials to beneficiaries for future reference
- Stress limited time availability of QI programs


Module 5      Slide 6      January 2000

### **Talking Points for Slide 6:**

The next section outlines multiple ways to encourage enrollment and increase motivation to apply. Review the list and stress that these are suggestions for becoming a better, more informed and sensitive counselor. Explain to participants that their role is first and foremost to educate people about a program and its benefits, and then to motivate the person to take action and apply.

Several important points to emphasize are:

- Keep the explanation of benefits and programs as simple as possible,
- Never refer to a person as a “Quimby” or “Slimby”,
- Connect benefits to receipt of other benefits,
- Provide written materials about the programs,
- Emphasize the time limit on QI programs; however, do not rush or scare the potential applicant



## Use of Terms

State Health Insurance Assistance Programs

Instead	Use
Medicare Buy-In, QMB, SLMB, OI	Medical assistance
Welfare	Temporary or financial assistance
Acronyms	Use full names to avoid confusion or "programs that help people with Medicare pay for health care costs"
Handicapped	Disabled
Disabled person	Person with disability
Do you receive welfare?	Do you have income below \$___? Do you need help with your medical bills?

Module 5

Slide 7

January 2000

### **Talking Points for Slide 7:**

- The table of “Instead of” and “Use” words should be reviewed in detail. Try using each of the “Instead of” words in a sentence, as well as the “Use” word, so participants will have concrete examples of what they are supposed to say.
- Ask participants if they know of any other terms that should be avoided.

## **Suggestions on Overcoming Barriers**

This section provides suggestions on how counselors should overcome barriers to enrollment and awareness to dual eligible programs. This section focuses on barriers related to:

- Welfare stigma,
- Fear of government agencies,
- Access problems, and
- Personal information.

Discuss the suggestions for overcoming barriers with counselors and brainstorm other ways to overcome these barriers, based on their own experience.

## **Exercise**

- Education and outreach to potential dual eligible beneficiaries will be important in increasing enrollment into dual eligible programs. This exercise is designed to help participants identify their ideas and suggestions on how to effectively outreach and break down barriers to awareness of and enrollment into dual eligible programs.

## **Follow-up Assessment**

- Encourage the class to complete the follow-up assessment. Answers to these questions should fuel discussion and touch on any other questions that participants might have.

## Module VI Leader's Notes

### Overview and Goals

This module provides a summary of two sensitive areas: culture and disability, which volunteers should pay attention to when counseling potential dual eligible beneficiaries. The video accompanying the module is intended to give participants examples of methods to use when counseling in these two different scenarios. Furthermore, the video is not intended to train counselors on specific information regarding programs aimed at helping low-income beneficiaries.

Stress to participants that the video role plays are intended to give general ideas or conceptions when counseling people from culturally diverse backgrounds but do not apply to all situations.

**Estimated Total Training Time:** 40 minutes

5 minutes for Self-Assessment

30 minutes for Video and Discussion

5 minutes for Follow-up Assessment

### Materials Needed:

Television and VCR

Cultural Competency Videotape

### Reference

#### State-Specific Information:

Local Contacts for Cultural Competency

Page VI-7

Local Contacts for Disability Information

Page VI-13


Brainstorming Activity

Page VI-19

Technical Appendix

Page VI-21





## Components of Cultural Competency

State Health Insurance Assistance Programs

- Culture is learned and shared knowledge, beliefs and rules that people use to interpret experience to generate social behavior.
- Competence implies having capacity to function in a particular way.

Module 6      Slide 1      January 2000

### **Talking Points for Slide 1:**

Trainers should review the goal of the cultural competency module and definition review components of cultural competency:

- The use of the word culture:
  - Culture implies the integrated patterns of human behavior that includes thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups.<sup>1</sup>
  - Culture is the learned and shared knowledge, beliefs and rules that people use to interpret experience and to generate social behavior. It is also the guiding force behind the behaviors and material products associated with a group of people.<sup>2</sup>


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<sup>1</sup> From "How is Cultural Competency Integrated in Education." (For more information, see <http://www.air.org/ceep/cultural>)

<sup>2</sup> "Perspectives of Difference," Division of General Internal Medicine, University of California San Francisco.

- The use of the word competence:
  - Competence implies having the capacity to function in a particular way: the capacity to function within the context of culturally integrated patterns of human behavior defined by a group.

## KEY POINTS FOR VIDEO SEGMENT



State Health Insurance Assistance Programs

### Key Point for Video Role Plays

- Role plays are intended to give general ideas or conceptions when counseling people from culturally diverse backgrounds, but do not apply to all situations.

Module 6      Slide 2      January 2000

### Talking Points for Slide 2:

#### General Steps for Using the Training Video

- State goals for the training video role plays,
- Present a task to participants,
- View the four role plays, and
- Discuss the video.

#### State Goals for the Training Video Role Plays

The role plays are intended only to give general ideas when counseling people from culturally diverse backgrounds; they are not intended to apply to all situations. Provide participants with an overview of the role play, giving special attention to elements that are emotionally powerful, visually graphic, or subtle.

Present a Task to Participants

Give participants instructions on what to especially be attentive to. For example, some participants listen to dialogue while others watch actions. In addition to dialogue, they should pay particular attention to differences between cultures and ethnic groups. These cultural and ethnic differences can be expressed in a subtle, informal manner and/or through body language.

View the Video

Show the video to participants.


Discuss the Video

Begin by asking for general reactions, giving viewers the chance to expound on their strongest reactions and feelings before starting a planned debriefing. In the discussion after the video, ensure that the tasks assigned to the viewers are highlighted and given special attention.

### **Video Viewing of Role Play #1a Cultural Sensitivity**

- Inform participants of topic of Role Play #1a.
- Introduce participants to the two characters: Margaret, counselor and Mr. Gonzalez, the client.
- Show Role Play #1a “Inappropriate Methods”.
- Stop the videotape after the “Inappropriate Methods” Role Play.
- Review Role Play #1a first by debriefing participants. Ask the participants the following questions:
  - What did you see happening between Margaret and Mr. Gonzalez?
  - Did you observe things that may have reflected Margaret’s lack of understanding of Hispanic culture?
  - What were the results of Margaret’s actions?
  - What do you think Margaret’s goal was?
  - Was Margaret able to accomplish her goal(s)? Why or why not?
  - How could Margaret have done a better job of communicating with Mr. Gonzalez?

## KEY POINTS OF ROLE PLAY #1A "INAPPROPRIATE METHODS"



### Inappropriate Role Play One

State Health Insurance Assistance Programs

- Informality/Lack of Courtesy:
  - Margaret does not stand up and formally greet Mr. Gonzalez by as “Mr. Gonzalez” nor does she ask him to take a seat.
- Rapport with Client:
  - Margaret begins with direct questions of business but asks no questions about Mr. Gonzalez’s family or general well-being.

Module 6 Slide 3 January 2000

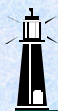
### Talking Points for Slide 3:

#### ■ Informality/Lack of Courtesy

Margaret does not stand up when Mr. Gonzalez enters the room. She calls him by his first name, does not formally ask him to take a seat, and is engrossed in her paper work. These actions illustrate Margaret’s lack of courtesy to Mr. Gonzalez. The Hispanic culture is formal by nature, thus Mr. Gonzalez is offended when he is called by his first name and not formally asked to sit down.

#### ■ Rapport with Client

Margaret makes no attempt to establish rapport with Mr. Gonzalez. She launches directly into the discussion of business, and asks no general questions about his family or how Mr. Gonzalez learned about the counselors. In general, members of the Hispanic culture would choose to talk generally or openly about such things as their family before beginning to speak about serious matters.



State Health Insurance Assistance Programs

## Inappropriate Role Play One

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- Language Barrier:
  - Margaret uses colloquial English expressions and corrects Mr. Gonzalez's pronunciation.
- Sensitive Issues:
  - Margaret asks directly about his income without first establishing reasons for collecting sensitive information.

Module 6

Slide 4

January 2000

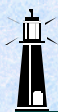
### Talking Points for Slide 4:

#### ■ Language Barrier

Margaret uses colloquial English expressions in conversation with Mr. Gonzalez. The counselor shows a lack of sensitivity by using phrases that would not be commonplace in the Hispanic culture. Furthermore, she corrects Mr. Gonzalez and his pronunciation of the word “chair”. Margaret again lacks sensitivity in that she becomes frustrated and impatient with his accent, asking him to repeat words or phrases she cannot understand.

#### ■ Sensitive Issues

Margaret asks directly about Mr. Gonzalez's gross monthly income without establishing or providing a reason to ask him about his personal finances. Personal finances or income levels are a common, sensitive topic for seniors across all cultures. Therefore, members of the Hispanic community, for example, may not feel comfortable speaking about their personal finances openly to someone they are not familiar with.



## Inappropriate Role Play One

State Health Insurance Assistance Programs

- Work Ethic/Pride:
  - Margaret asks Mr. Gonzalez if he received welfare benefits without any prior questions.
- Personal Space:
  - Margaret misinterprets Mr. Gonzalez's warm handshake by abruptly pulling away after the exchange.

Module 6

Slide 5

January 2000

### **Talking Points for Slide 5:**

- **Work Ethic/Pride**

Margaret asks Mr. Gonzalez if he has ever received welfare benefits without any prior questions. She assumes that since he is looking for help from the government for payment of prescription drugs that he has received government benefits previously. The Hispanic culture is very proud of their work ethic. They take great pride in working and not taking or receiving any type of benefit that is given to them or "handed-out."

- **Personal Space**


Margaret misinterprets Mr. Gonzalez warm handshake and touching her on the elbow. She offends Mr. Gonzalez by pulling away abruptly after the exchange. The idea of personal space is different for the Hispanic culture. In greetings and exchange, Hispanics will touch or exchange a warm handshake in a different manner to show trust.



### **Video Viewing of Role Play #1b Cultural Sensitivity**

- Show Role Play #1b “Appropriate Methods”.
- Stop the videotape after the “Appropriate Methods” Role Play.
- Review Role Play #1b first by debriefing participants. Ask the participants the following questions:
  - What did you see happening between Margaret and Mr. Gonzalez?
  - Did you observe things that may have reflected Margaret’s lack of understanding of Hispanic culture?
  - What were the results of Margaret’s actions?
  - What do you think Margaret’s goal was?
  - Was Margaret able to accomplish her goal(s)? Why or why not?
  - How could Margaret have done a better job of communicating with Mr. Gonzalez?

## KEY POINTS OF ROLE PLAY #1B "APPROPRIATE METHODS"



### Appropriate Role Play One

State Health Insurance Assistance Programs

- Informality/Courtesy:
  - Margaret stands to meet Mr. Gonzalez, offers him a handshake, addresses him formally as Mr. Gonzalez, and properly asks him to take a seat.
- Communication Style
  - Margaret asks Mr. Gonzalez several indirect questions about his family before beginning the session

Module 6      Slide 6      January 2000

### Talking Points for Slide 6:

The scenarios with Margaret and Mr. Gonzalez demonstrate the need to be aware of various cultural beliefs and practices regarding:

- Informality

Margaret stands to meet Mr. Gonzalez, offers Mr. Gonzalez her hand for a formal handshake, addresses him as Mr. Gonzalez, and properly asks him to take a seat. Her actions all respect the formal nature of the Hispanic community.

- Communication Style

Margaret asks Mr. Gonzalez several indirect questions about his daughter and grandchildren before beginning the counseling session. Margaret has taken the time to establish a rapport with Mr. Gonzalez to make him feel more comfortable in this foreign situation.



## Appropriate Role Play One

State Health Insurance Assistance Programs

- Language Barriers:
  - Margaret does not correct Mr. Gonzalez's English, and explains a colloquialism she used.
- Sensitive Issues
  - Margaret explains to Mr. Gonzalez the purpose of the personal questions in relation to being eligible for assistance programs.

Module 6

Slide 7

January 2000

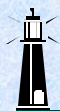
### Talking Points for Slide 7:

- Language Barrier

Instead of correcting Mr. Gonzalez's English, Margaret apologizes for using the English colloquialism "spoiled" in relation to grandchildren.

- Sensitive issues

Margaret explains to Mr. Gonzalez the purpose of the financial questions in relation to being eligible for the government programs to help him with prescription drug payments. Margaret respects the Hispanic community's and other concerns about disclosing personal financial information to a stranger.



## Appropriate Role Play One

State Health Insurance Assistance Programs

- **Pride/Work Ethic:**
  - Margaret does not patronize Mr. Gonzalez when he tells her that he continues to work, and she avoids using the word ‘welfare’.
- **Personal Space**
  - Margaret is aware of the Mr. Gonzalez’s culture by showing she understands the interpretation of personal space.

Module 6

Slide 8

January 2000

### **Talking Points for Slide 8:**

#### ■ **Pride/Work Ethic**

Margaret does not patronize Mr. Gonzalez when he tells her that he still continues to work. In addition to the questions about working, Margaret is careful not to mention the term welfare in the presence of Mr. Gonzalez. The Hispanic culture values strong work ethics but looks down upon accepting any form of a benefit viewed as a handout.

#### ■ **Personal Space**


Margaret does not abruptly pull away during the warm handshake when Mr. Gonzalez touches her elbow. Margaret is mindful of the Hispanic culture’s interpretation of personal space. The touching of the elbow is not seen as a sign of affection but rather a sign of trust.

Encourage further discussion. Ask participants to share approaches that differ from the one portrayed in the segment.

### **Video Viewing of Role Play #2a Disability Sensitivity**

- Inform participants of topic of the second Role Play #2a .
- Introduce participants to two characters: Al, counselor and Katherine, client.
- Show Role Play #2a “Inappropriate Methods”.
- Stop the videotape after the “Inappropriate Methods” Role Play.
- Review Role Play #2a first by debriefing participants. Ask the participants the following questions:
  - What did you see happening between Al and Katherine?
  - Did you observe things that may have reflected Al’s lack of understanding of persons with disabilities?
  - What were the results of Al’s actions?
  - What do you think Al’s goal was?
  - Was Al able to accomplish his goal(s)? Why or why not?
  - How could Al have done a better job of communicating with Katherine?

## KEY POINTS OF ROLE PLAY #2A "INAPPROPRIATE METHODS"



### Inappropriate Role Play Two

State Health Insurance Assistance Programs

- Self-Reliance/Physical Assistance:
  - Al assumes that since Katherine has a disability she cannot move independently.
- Patronization:
  - Al uses “dear” and “honey” which makes Katherine uncomfortable.

Module 6 Slide 9 January 2000

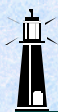
### Talking Points for Slide 9:

#### ■ Self Reliance/Physical Assistance

Al automatically assumes since Katherine is in a wheelchair that she cannot move around without assistance. His action of pushing her down the hall offends Katherine because he did not ask her if she needed assistance. Persons with disabilities often face situations in which it is assumed they need help when, in fact, they are quite self-reliant.

#### ■ Patronization

When Al uses “dear” or “honey” at the end of the sentence it is offensive to Katherine for making her feel uncomfortable. Even though Al’s “grandfather” intentions are meant to be good, he is still at fault with the disabled population for not treating Katherine as a normal member of society.



State Health Insurance Assistance Programs

## Inappropriate Role Play Two

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- Fascination with Disability:
  - Al blatantly stares at Katherine's wheelchair when she enters his office.
- Work and Health Insurance Status:
  - Al displays amazement that Katherine is able to drive and work.

Module 6

Slide 10

January 2000

### Talking Points for Slide 10:

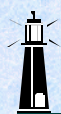
- Fascination with Disability

As Katherine enters Al's office, he is transfixed on her wheelchair and has an expression of awe at the way she gracefully wheels herself into the office. Al again offends Katherine in assuming that since Katherine is in a wheelchair she is incapable of moving herself around independently.

- Work and Health Insurance Status

Al's questioning of how Katherine arrived at his office once again is offensive to the person with disability. He assumes that she used a wheelchair van to travel to the office and is amazed when she tells him that she actually drove. Al continues to stare at Katherine's wheelchair. Al's assumptions and constant stare at the wheelchair show his misunderstanding of the disabled population.





State Health Insurance Assistance Programs

## Inappropriate Role Play Two

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- Language
  - Al speaks slowly and deliberately in a high voice assuming that Katherine's has other disabilities other than being in a wheelchair.

Module 6

Slide 11

January 2000

### Talking Points for Slide 11:


- Language

Throughout his conversation with Katherine, Al speaks slowly and deliberately in a high voice. Al assumes that since Katherine is disabled in a wheelchair, she also has other disabilities separate of the wheelchair. This assumption is wrong and offensive to the disabled population.

Role Play #2b Disability Sensitivity

- Inform participants of topic of Role Play #2b.
- Show Role Play #2b “Appropriate Methods”.
- Stop the videotape after the “Appropriate Methods” Role Play.
- Review segment first by debriefing participants. Ask the participants the following questions:
  - What did you see happening between Al and Katherine?
  - Did you observe things that may have reflected Al’s lack of understanding of persons with disabilities?
  - What were the results of Al’s actions?
  - What do you think Al’s goal was?
  - Was Al able to accomplish his goal(s)? Why or why not?
  - How could Al have done a better job of communicating with Katherine?

## KEY POINTS OF ROLE PLAY #2B "APPROPRIATE METHODS"



### Appropriate Role Play Two

State Health Insurance Assistance Programs

- Self-Reliance/Physical Assistance:
  - Al asks Katherine if she needs assistance, thereby not assuming she requires help and respects her disability.
- Patronization:
  - While maintaining his grandfatherly rapport with Katherine, Al does not use “dear” or “honey”.

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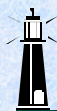
### Talking Points for Slide 12:

#### ■ Self-Reliance/Physical Assistance

Al asks Katherine if he can offer her assistance either to push her wheelchair or open doors. Al respects Katherine and her disability and does not assume she automatically requires assistance since she is using a wheelchair.

#### ■ Patronization

Al should not use patronizing terms such as “dear” or “honey” when addressing Katherine. Even though Al might want to establish a sense of a “grandfather” rapport with Katherine, there are far more appropriate ways to do this.



State Health Insurance Assistance Programs

## Appropriate Role Play Two

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- Fascination with Disability:
  - Al maintains eye contact with Katherine throughout their conversation.
- Work and Health Insurance Status:
  - Al's remarks concerning Katherine's job respect her wish to be treated as an individual.

Module 6

Slide 13

January 2000


### Talking Points for Slide 13:

- Fascination with Disability

Al moves around the desk, pulls up a chair, and sits directly in front of Katherine. Al also maintains eye contact with Katherine throughout their conversation. He respects Katherine as the person she is and is not distracted by the presence of the wheelchair. This point reiterates that people with disabilities want to be treated and viewed the same way as anyone else.

- Work and Health Insurance Status

Al does not ask condescending questions about Katherine's ability to work or her workplace when these questions arise. When Katherine states she had to leave work early and that she works for a computer software company, Al's remarks are normal respecting the fact that Katherine wants to be treated as an individual.



## Appropriate Role Play Two

State Health Insurance Assistance Programs

- Language:
  - Al speaks normally to Katherine throughout the counseling session.

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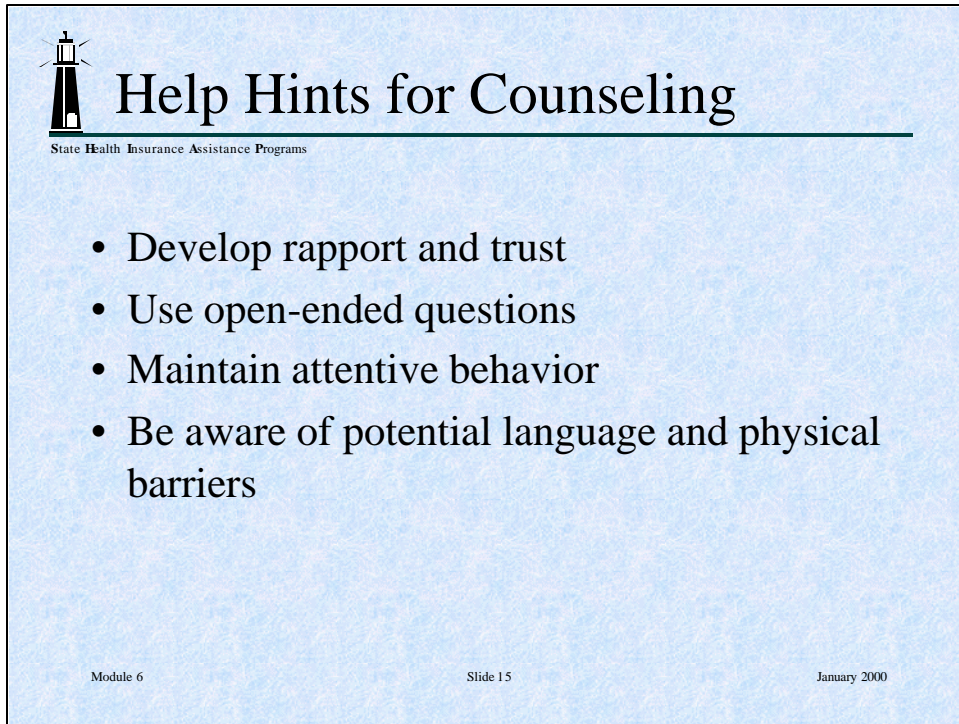
### Talking Points for Slide 14:


- Language

Instead of speaking very slowly and deliberately in a high pitched tone, Al speaks normally to Katherine throughout the entire counseling sessions. He is mindful to Katherine in that he does not assume she has another disability because she is in a wheelchair.

Encourage further discussions. Ask participants to share approaches that differ from the one portrayed in the segment.

## KEY COUNSELING TECHNIQUES IN THE VIDEO ROLE PLAYS



 **Help Hints for Counseling**

State Health Insurance Assistance Programs

- Develop rapport and trust
- Use open-ended questions
- Maintain attentive behavior
- Be aware of potential language and physical barriers

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### Talking Points for Slide 15:

While this video focuses on cultural competency in counseling situations, the video also demonstrates some effective counseling techniques in general. Consider the following points:

- Developing rapport and trust.
- Use of open-ended questions (particularly at the beginning of a meeting, to determine the presenting issues: “Tell me why you are here.”).
- Active listening, attentiveness.
- Awareness of barriers (language, physical, complex terminology) and, when appropriate, removing these obstacles.

## **Brainstorming Activity**

The purpose of this activity is to promote discussion after participants complete Module Six.

Stress to participants that there is no right or wrong answer.

1. In your own words, what is diversity?
2. What do you see as a barrier to enrollment into the dual eligible benefit programs for people from culturally diverse backgrounds?
3. What do you see as barriers for enrollment into the dual eligible programs for persons with disabilities?
4. What do you think are the largest barriers to culturally competent counseling?
5. Why do you think immigrant dual eligibles do not enroll in federal Medical Assistance Programs?

### **Answers to Brainstorming Activity**

Encourage the class to participate in brainstorming activity. Answers to Questions 1 and 2 should fuel discussion and touch on any other questions that participants might have.